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MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. <u>238</u>	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		Registered No. <u>238</u>	
Township <u>Phoenix</u> or Village _____		City <u>Phoenix</u> No. <u>415 Watkins Rd.</u> St. _____ Ward _____			
Length of residence in City or town where death occurred <u>52</u> yrs. - mos. - ds.		How long in _____ of foreign birth? _____ yrs. - mos. - ds.			
2. FULL NAME <u>Ella Harden</u>		How long in State when death occurred <u>52</u> yrs. - mos. - ds.			
(a) Residence: No. _____ (Usual place of abode)		St. _____ Ward _____ (If not resident, give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) <u>Widow</u>	
5a. If married, widowed, divorced, HUSBAND of (or) WIFE of <u>John H. Harden</u>					
6. DATE OF BIRTH (month, day, and year) <u>Oct. 2 - 1856</u>					
7. AGE		Years <u>81</u>	Months <u>4</u>	Days <u>13</u>	If LESS than 1 day.....hrs. or.....min.
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
		10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or Country) <u>Mississippi</u>					
13. NAME <u>Rogers</u>					
14. BIRTHPLACE (city or town) (State or Country) <u>Mississippi</u>					
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or Country) <u>Mississippi</u>					
17. INFORMANT (Address) <u>M. C. Harden</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Greenwood</u> Date <u>2-18-38</u>					
19. EMBALMER { License No. _____ Signature <u>H. M. Mauds</u> FUNERAL DIRECTOR <u>James J. Johnson</u> Address <u>830 N. 1st Ave.</u>					
20. Filed <u>2/17/38</u> , 19 <u>38</u>		Registrar _____ (Address) <u>Phoenix, Ariz.</u>			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Feb. 15 - 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>1-11</u> , 19 <u>37</u> , to <u>2-15</u> , 19 <u>38</u>					
I last saw her alive on <u>2-15</u> , 19 <u>38</u> ; death is said to have occurred on the date stated above, at <u>11:15 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> Date of Onset <u>2-2-38</u>					
<u>Terminal bronchopneumonia</u> <u>2-12-38</u>					
Other contributory causes of importance: <u>Chronic hypertension</u> years					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis <u>clinical</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____					
Where did injury occur? _____ (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>					
If so, specify _____					
(Signed) <u>Keith H. Shaver</u> , M. D.					
(Address) <u>Phoenix, Ariz.</u>					